## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSULTEE Commissioner for Patents P.O. Box 1450 Akexandria, Virginia 22313-1450 or Fax 871)-273-2885

| INSTRUCTIONS: This form should be used for trusterling the ISSUE FEE and PUBLICATION FEE (if required). Block 1 through 5 should be completed where appropriate. All fairther correspondence including the Petant, downco ordere and notification of maintenance free now will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for notifications.   |                |             |                      |   |  |  |                 |                  |                  |  |
|--|----------------|-------------|----------------------|---|--|--|-----------------|------------------|------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for say change of address)   |                |             |                      |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  |                 |                  |                  |  |
| 29177 7590 08/18/2006  |                |             |                      |   |  |  |                 |                  |                  |  |
| BELL, BOYD & LLOYD, LLC<br>P. O. BOX 1135<br>CHICAGO, IL 60690-1135  |                |             |                      |   |  | Certificate of Mailing or Transmission I hereby certify that this Peo(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                 |                  |                  |  |
|  |                |             |                      |   |  | (Depositor's name)   |                 |                  |                  |  |
|  |                |             |                      |   |  | (Signature)  |                 |                  |                  |  |
|  |                | ╚           |                      |   |  | (Date)   |                 |                  |                  |  |
| APPLICATION NO.  | FILING DATE    |             | FIRST NAMED INVEN    |   |  |  | ATTO            | RNEY DOCKET NO.  | CONFIRMATION NO. |  |
| 10/070,890 03/06/2002  |                |             |                      | Michael Anft  |  |  | 112740-545 2476 |                  |                  |  |
| TITLE OF INVENTION: INPUT ELEMENT FOR A TELEPHONE  |                |             |                      |   |  |  |                 |                  |                  |  |
| APPLN. TYPE  |                |             | UE FEE DUE           | PUBLICATION FEE DU  |  | PREV. PAID ISSUE   | FBE             | TOTAL PEE(S) DUE | DATE DUE         |  |
| nonprovisional   | NO             |             | \$1400               | \$0   |  | \$0  |                 | \$1400           | 11/20/2006       |  |
| EXAMINER   |                |             | ART UNIT CLASS-SUBCL |   |  |  |                 |                  |                  |  |
| HONG, HARRY S 2614   |                |             |                      | 379-433060  |  |  |                 |                  |                  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56).  Change of correspondence address (or Change of Correspondence Address from PTOSB/21 patiented.  "Fee Address" indication (or "Fee Address" Indication form PTOSB/47, Rev 03-42 or more recent) attached. Use of a Cautomer Number in Feedfard.  |                |             |                      | 2. For printing on the pasent front page, list (1) the names of the 9.3 registered patent attorneys of agents OR, alternatively, (2) the name of a single firm (baving as a members 2 registered abstray or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3  |  |  |                 |                  |                  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |                |             |                      |   |  |  |                 |                  |                  |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  |                |             |                      |   |  |  |                 |                  |                  |  |
| Siemens Aktie  | engesellschaft | Muenchen, G | ern                  | any   |  |  |                 |                  |                  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙆 Corporation or other private group entity 🚨 Government  |                |             |                      |   |  |  |                 |                  |                  |  |
| 4a. The following fee(e) are submitted:  △ Issue Fee  □ Publication Fee (No small entity discount permitted)  □ Advance Order - # of Copies  □ Advance Order - # of Copies   |                |             |                      | b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.     Psyment by credit card. Form PTO-2038 is attached.     The Director is hereby subtorized to charge the required fee(s), any deficiency, or credit say overpayment, to Deposit Account Number   02-2058     Complexes are to Deposit Account Number   02-2058     Complexes are actra copy of this form). |  |  |                 |                  |                  |  |
| 5. Change in Entity Status (from status indicated above)   |                |             |                      |   |  |  |                 |                  |                  |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |                |             |                      |   |  |  |                 |                  |                  |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  |                |             |                      |   |  |  |                 |                  |                  |  |
| Authorized Signature PSCAmuel  |                |             |                      |   |  | Date Novem   | ber             | 1, 2006          |                  |  |
| Typed or printed name  |                |             | Registration No      |   |  |  |                 |                  |                  |  |
| This collection of information is required by 37 CFR I.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR I.14. This collection is estimated to take 12 minutes to complete, including galacting, preparing, and building the process of the complete depolection from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete on the USPTO. The complete of |                |             |                      |   |  |  |                 |                  |                  |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.